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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
EXAMINER	Mary A. Whiting, Esq.
CHERYL N. HAWKINS	
COMPANY:	DATE:
US PATENT OFFICE	10/29/2004
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
703 872 9306	4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
571 272 1229	
RE:	YOUR REFERENCE NUMBER:
Serial No. 10/666,934	

☒ URGENT ☒ FOR REVIEW ☒ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Attached is :

This Cover sheet (1 page)

Certificate of Transmission Under 37 CFR 1.8 (1 page)

Transmittal form (1 page) .

Multiple Dependent Claim Fee Calculation Sheet that was not attached to the 55 page amendment faxed yesterday (1 page)

Total pages 4

Please contact me immediately if there is a problem with this transmission.

Thank you,


Mary A. Whiting

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PTO/SB/21 (09-04)

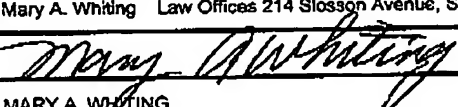
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/666,934	
	Filing Date	1/30/2002	
	First Named Inventor	Robert Pederson	
	Art Unit	1734	
	Examiner Name	Cheryl N. Hawkins	
Total Number of Pages in This Submission	4	Attorney Docket Number	

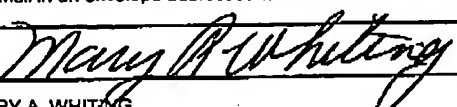
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Multiple Fee Calc. Sheet PTO/SB/07 2. Certificate of Transmittal
Remarks This was not included in the 55 page Amendment I faxed yesterday 10/28/2004.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Mary A. Whiting Law Offices 214 Slosson Avenue, Staten Island, New York 10314		
Signature			
Printed name	MARY A. WHITING		
Date	10/29/2004	Reg. No.	30, 601

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	MARY A. WHITING	Date	10/29/2004

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PTO/SB/97 (09-04)

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APPLICATION# 10666,934 ART UNIT 1734
FILING DATE 1/30/2002 EXAMINER CHEYL N. HAWKINS

Certificate of Transmission under 37 CFR 1.8

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on 10/29/2004
Date

Mary A. Whiting
Signature

MARY A. WHITING
ATTORNEY FOR APPLICANT

Typed or printed name of person signing Certificate

214 SLOSSON AVE
SI, NY 10314

30,601

Registration Number, if applicable

(718) 448-9599

Telephone Number

TRANSMITTAL FORM PTO/SB/21 (09-04)
MULT. DEP. CLAIM. FEE CALC. SHEET PTO/SB/07 (08-03)
PTO/SB/97 (09-04) This certificate.

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TOTAL PAGES (4)

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1380 (For use with Form PTO/SB/06)							Application Number <i>10/666,934</i>		Filing Date <i>11/30/2002</i>		
							Applicant(s) <i>Robert Pederson et al.</i>				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	2		1								
Total Depend	16		8								
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